

and Ministers, and the best kind has been adopted, which will be the deepest." The last will be added with many others, with "And when the world grows old, when death has vexed mankind, the great efforts of Jesus in his ministry, and all his earthly works, will still be a treasure to us, and we shall find consolation and a noble mission still to be done, by saving souls who have suffered much, and who have not yet slept off their load."

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NECESSITY OF MEDICATION IN DISEASE.*

[An Address delivered before the Franklin District Medical Society, October, 1865, and communicated for the Boston Medical and Surgical Journal.]

BY DAVID RICE, M.D.

GENTLEMEN—The world is full of new theories. They abound in every department of life. In science, theology, law, and politics, and especially in medicine, all over its broad firmament, they course abroad like a shower of meteors. Truths as old as the world itself are unheeded and trampled upon, that heresy may be paraded and flaunted in our very faces. These new views and problems are not originated by the ignorant and unlearned, but they come from those of whom we well might expect better things. Men of letters, fretted and displeased with solid truth, and with axioms as old as they are trite and true, impertinently dally and play with new-made fantasies, with polished theories and highly-wrought speculations, and parade them in sober earnest for our grave consideration. How much it becomes us, gentlemen, as thinking men, to guard well the gates, like faithful censors, of our own noble calling and profession.

I have been led to these reflections by the perusal of the address read at the last annual meeting of the Massachusetts Medical Society, and written by Benjamin E. Cotting, M.D., of Roxbury. The address is entitled, "Disease; a part of the Plan of Creation." The doctrines of this discourse are several, but principally these:—First, that all, or nearly all diseases come as direct providences of God—"one of the myriad expressions of Divine thought"—

"And the fruit
Of that forbidden tree, whose mortal taste
Brought death into the world and all our woe."

"No forecast or wisdom of the individual can with absolute certainty ward off or delay their attacks." "No 'mortal taste,' but the

* At a meeting of the Franklin District Medical Society, it was voted to request of Dr. Rice, of Leverett, a copy of his address delivered before the Society October 11th, for publication in the Boston Medical and Surgical Journal.

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will of the Creator determined and fashioned such a system of diseases." They seize upon the healthy and the frail alike, "confounding all hygienic laws," and often prefer the most healthy and purified places instead of the most polluted. In a word, to give the doctrine a fair translation, sanitary means are just about good for nothing, and the ordinary means of prevention are nearly useless, for God foreordained the whole plan for man and the lower order of animals to bring them to their natural end of existence.

This is the substance of one theory inculcated in the discourse. Another, about as peremptorily urged, is the following: Diseases, most of them, are self-limited. They have their "periods of invasion, incubation, progress, decline and disappearance"—"they are as systematically planned, pre-arranged, and as wonderfully wrought out as the life-history of any existence, vegetable or animal." Diseases, then, are the result of foreordination, proofs of inventive thought on the part of our Creator, planned, executed and finished by His unalterable and inexorable will. The plain inference designed to be drawn is, that all diseases are very little modified by external circumstances, and can be benefited only in a very limited degree by medication.

To sum up the two-fold doctrine of the thesis:—Diseases are foreordained by God; they come and go at His bidding; and medicine, sanitary means, and medical men are *just about good for nothing!* The few remarks I shall make, will be to disprove these somewhat dogmatic and doubtful theories.

Are sanitary means useful in preventing and in modifying diseases? Is medication doing for our patients more harm than good? Can even self-limited diseases, in their proper acceptation, be left with safety to run through their own natural courses? In a word, is the medical profession a blessing, or is it a curse to the world?

First: Can diseases be prevented and rendered more tolerable by sanitary means? It is well known to every careful medical observer and scholar, that the most fearful epidemics that have come under his observation, or that history has recorded, can in most instances be traced to some direct or indirect exciting or predisposing cause, that rendered them more general, tedious and fatal. The ancients paid the most careful attention to hygienic laws. A part of the Jewish religion pertained to cleanliness, purification, and protection from *causes* of diseases. Some excellent statements are found in the report of the "Sanitary Commission of 1856," which being pertinent to my purpose, I take the liberty to transcribe. "Plato and Aristotle taught that no city could long exist without its health officers, and we learn that Demosthenes and Plato, in their day, served in that capacity. Hippocrates considered a knowledge of the causes of disease essential to every physician. Pliny wrote to Trajan about a fetid spring or an offensive stream that bred disease while passing through Amastris. The Romans, too, were

celebrated for their nice systems of drainage and sewerage. It seems to have been a rule with them, that from the time when the foundations of a city were laid, to that of the summit of its greatness, no structural operation, public or private, should be permitted to take a shape which might render it a harbor either for disease or crime." History informs us, gentlemen, that hardly a nation in any age has dared to neglect proper hygienic regulations; and the worst epidemics, that have devastated and sometimes decimated countries and cities, were begotten by unnecessary exciting causes that might have been avoided. Dr. Southwood Smith, an English physician, says, in regard to fevers that prevail in large cities—"In the districts in which fever most prevails, there is uniformly a bad drainage, a bad sewerage, a bad supply of water, a bad supply of scavengers, and a constant accumulation of filth." In London alone there are annually 16,000 cases of fever terminating in death, out of 200,000 cases. Dr. Playfair says, that in the large cities of England, at least, there are 250,000 cases of unnecessary sickness, and out of these 10,000 unnecessary deaths.

Reliable statistics, derived from careful calculation, go plainly to show that disease and death follow in the wake of filth and uncleanness, while health, long life and happiness are the results of careful sanitary measures. The most fearful epidemics that have ever occurred in this country can in most instances be traced to some immediate exciting cause. From the report of the Sanitary Commission we learn that the "Pepperell Fever," so called, that occurred in 1775, extending to 1778, in which 540 persons were attacked out of a population of 700, was caused by miasma arising from a swamp that had been overflowed, filled with trees and brush until rotted, and then allowed to dry. "In 1796, a very malignant typhus appeared in Boston, and great numbers died. Dr. John Warren says, that the physicians of the day were of the opinion that it originated in local causes." "A malignant dysentery in the town of Sheffield, confined to a section of town half a mile in diameter, containing 600 inhabitants, attacked 300, of whom 44 died. This sickness occurred around a pond that had recently been drawn off, leaving a vast amount of dead and decaying matter, which filled the air with a poisonous stench." "A little more than fifty years ago, a large tract of swamp and timber land, in Pittsfield, was overflowed with water. When the timber had died, and the brush and leaves were well decayed, it was drained off. All around this spot, for two or three miles, the people were attacked with fever and ague, and bilious fever, and a great many died. The owner of the premises was prosecuted for supporting a common nuisance, and the dam was destroyed. After this, these diseases entirely disappeared." When the South Hadley Canal was built, and some portions of swamp and meadow land in the vicinity flowed, in the town of Northampton, a great many of the people in the vicinity were attacked with remit-

tent and intermittent fever. Physicians are present to-day who are acquainted with the facts. "The famous Sunderland fever," so called, that a few years ago swept "over some parts of that town with considerably fatal results, was without doubt caused by miasmatic poison, generated by the overflowing and drainage of some portions of the immediate district." I might transcribe here a long list of epidemics, that have occurred from time to time, traceable directly to immediate exciting causes without the least possible doubt.

Sporadic cases of disease come to the knowledge of us all, which we can trace directly to some exciting cause. A badly-ventilated sleeping room, an impure and filthy cellar, a puddle of dirty and fermenting water under a sink-spout, decaying vegetables, filthy habitations and clothing, unwholesome diet—all these, and a multitude more, are often the positive and direct causes of disease, in which, gentlemen, neither you nor I can see, either the "foreordination" or the "providence of God," but usually the carelessness of the unfortunate progenitor of his own malady, who with proper diligence and care might have avoided entirely the pains and penalties of disease, and the attentions and care of the physician. Diseases sometimes occur, they often do, without any discernible cause; but carefully prepared statistics do show, that both epidemic and sporadic diseases are often directly generated and propagated by immediate and positive exciting causes. It illy becomes medical men, and the conservators of the public health as they are supposed to be, to fold their hands and say, "Diseases come and go by the providence of God, and we will therefore do nothing to prevent or stay their course, and thus interfere with one of the 'Plans of Creation.'" Medical men who teach such delusions as these have certainly missed their calling, and it would be well for them to search diligently for truth that has stood the test of ages gone by.

Again: Diseases having appeared, whether epidemic, endemic, or sporadic, or by the "foreordination of God" among the "Plans of Creation," can we, by medical means, or sanitary measures, do anything to modify, shorten, ameliorate or stay them in their courses? In self-limited diseases, so called, are medication and the proper attentions of a physician calculated to abridge, amend, and render them more tolerable and less dangerous? Let us take an example in one of the exanthemata, a class of diseases usually called self-limited. The first I will name shall be scarlatina. It is perhaps as nearly self-limited as any; that is, it appears in regular stages—each stage is marked by peculiar phenomena—it exists for a certain, not definite period of time, giving way to other stages and other phenomena, and finally passes off entirely. Here is a self-limited disease, sometimes ending in a week and sometimes lasting six weeks, taking in the sequelæ. Shall we let it alone? Shall we stand and view it as we would an eight-day clock, and let it tick out its own destiny? Dr. Cotting would without doubt say, Here is one of the "regular

providences of God"—a link in the chain of His foreordained purposes—a little unit in the "Plan of Creation" not to be disturbed by human interference. Let it alone, to work out its premeditated phenomena, in cure or death—the patient will recover or die, as God wills it. Perhaps so, but proper medical means are among God's kindest providences towards accomplishing his ends, in the restoration of the sick to health. It might be better to throw Bibles, ministers and religious books into the sea—better for obdurate sinners; but we confess we do not view the thing in that light. Many cases of scarlet fever, no doubt, would recover if left entirely alone to run their natural course; but many, I believe, would prove fatal were it not for skilful medication. By discreet medical means, cases that would have proved malignant and dangerous are rendered mild and manageable. Cases commencing with very formidable symptoms—vomiting, hurried respiration, convulsions and great heat—how often, gentlemen, have we seen rendered mild and manageable by emetics and sudorifics, and other proper remedies to relieve these symptoms. What medical brother here has not witnessed the most decided benefit from topical applications and remedies applied to the inflamed, ulcerated and gangrenous fauces? Who would not, according to an honest and well-settled judgment, often have lost his patients if by proper means he had not checked the copious purgings that sometimes occur? And the anasarca that often follows, how promptly relieved by diuretics and tonics, skilfully administered! All through every stage, in this perilous disease, the skilful medical man, watching with an experienced eye, can discover dangers, and avert them by the direct administration of well-chosen remedies. *We know it*, both by observation and experience.

But, says the objector, "how do you know but that the same good results would have appeared without any remedies?" We answer, if there is any truth in a positive mathematical demonstration, then there is in medicine. If a positive result follows a positive and definite act, it is all we desire to prove. There are conditions in these cases, where death would inevitably follow if not immediately relieved. We apply the remedy, and the desired result follows—and so clearly and conclusively, that we know the means accomplishes the end. We subdue fire, by dashing on water. We might be asked, "how do you know but that the fire would have gone out of its own accord, without the application of water?" It would be equally senseless to ask, in many cases of scarlatina, "how do you know but that your patient would have recovered if you had used no remedies?"

Rubeola, or measles, is another self-limited disease, so styled. In the tardiness of the appearance of the eruption, in the exhausting diarrhoea, the severe cough and dyspnoea, and in the alarming sequelæ of this disease, what successful practitioner is there who has not seen the kindest and most marked beneficial results of well-applied

medication? There is not one of the exanthemata, gentlemen, however mild, but what some medicinal remedy may prove in it a comfort and a blessing. If it were nothing more than a gentle anodyne to assuage restlessness and peevishness, medicine becomes a comfort and a benefit not to be withheld. Shame be upon that practitioner, who, dallying with theoretic delusions, refuses the feeblest help, even in a perfectly harmless disease, where it can afford to his patient relief and comfort, without any subsequent harm.

But we will pass on to some of the more important diseases. Pneumonia, Dr. Cotting styles "one of the best examples of a self-limited disease." He says, "Pneumonia was considered, formerly, a fatal complaint unless subdued by venesection in the onset. Now it is instanced as one of the purest examples of a self-limited disease." Let us examine this statement with candor. Those gentlemen present who treated pneumonia twenty-five years ago, in nine cases out of ten bled their patients freely in the onset, gave them antimonials freely, and concluded the case with blisters applied to the chest. Twenty-five years ago, pneumonia was a highly inflammatory disease in nearly every instance, and required just such treatment as that named above. And to-day, whenever pneumonia presents itself in such a highly sthenic character as it did then, there is no other treatment that will save life. But the disease has changed in its character. We now most often meet cases of an atonic character, and pneumonia typhoides is of very frequent occurrence. Hence the change in the treatment. We substitute the veratrum viride for venesection, and instead of antimony we give expectorants that do not depress, and hold up the powers of life with stimulants and tonics. It is the character of the disease that modifies the treatment.

But is pneumonia a self-limited disease? Is it as much so as it was twenty-five years ago? Has it any more of a claim to self-limitation than pleuritis or typhoid fever? Let me relate a couple of cases to illustrate this point. Last January I was called to a case of pneumonia. The subject was a gentleman, aged about 30 years, stout, strongly and compactly built, and of a sanguine temperament. I found him with a strong, round pulse, at 100 beats per minute. His face was almost purple, and the veins stood out like whip-cords on his forehead and temples. There was great dyspnoea, and a dry, hacking cough, with expectoration of a bloody mucus. I opened a vein at once, and bled him twenty-five ounces, and put him upon a strong solution of the emetic tartar salt. On the sixth day, I covered the whole chest with a blister, which drew handsomely. The disease rapidly subsided, and in about two weeks he was well and about his business. The second case was Miss A. C., aged 25, who was attacked with the same disease about the same time. She was a thin, pale lady, and of a nervous and excitable temperament. I found her with a small, quick pulse, running up to 125 beats in a

minute. Respiration hurried, continued cough, with the expectoration of mucus the color of dirty iron-rust. Every symptom was of a typhoid character. I gave her the veratrum viride in very small and often-repeated doses, mingled with the syrup of squills. After a few days, I applied a blister to the chest, and gave whiskey-punch and beef-tea very liberally, and occasionally camphorated ammonia. Her convalescence was slow and tedious, and it was at least four weeks before the cure was completed. Both these cases were pneumonia, and both had the same exciting causes. But if I had given the first case the treatment of the second, and *vice versa*, probably both my patients would have died. Or, if I had considered them cases of a self-limited disease, folded my hands and left them to the "*vis medicatrix naturae*," probably the same result would have followed.

Dr. Cotting says, in his discourse, "The great facts of our science are permanent, and however feebly stated from time to time, or hesitatingly received, will at last prevail and triumph. False assumptions are dangerous expedients, which the most ignorant will ever be most likely to practise. Truth is weakened by any addition of error, and the profession that allows it must in the end abandon its own self-respect." Dr. Cotting, in my opinion, has described his own case exactly. He fails to perceive the great facts of our science, his assumptions at least are dangerous, he endeavors to weaken truths as old as Hippocrates himself by inculcating error, and he seems to have lost a proper respect for the fundamental truths of medical science. If he is right, ninety-nine out of one hundred of the profession are wrong.

Pleuritis, also, Dr. Cotting would call a self-limited disease—one of the special providences of God. When called to such cases, what would our patients think of us if we should bid them wait and let the disease take its natural course? Heroic treatment is demanded, and with energy and promptness if we would give our patients relief and save them from dangerous consequences. Bilious colic, croup, and other kindred diseases, demand the most skilful and energetic treatment in order to ensure escape from sudden and painful death. I once had a patient strangling to death with a chicken-bone in the larynx—probably it was one item in the "Plans of Creation." By another "fore-ordained purpose" I extracted it as soon as possible, and thereby saved the patient's life. Our duties are equally as plain and as efficient sometimes in the most simple diseases. If God has foreordained dangerous and painful diseases, He has also endowed certain substances with medicinal virtues for their prompt and speedy relief, if properly administered by skilful hands. Because people are sometimes over-drugged by "charlatans and quacks," or if they sometimes kill themselves by taking patent medicines so called, it is no fault of the profession. We should ever be ready to rebuke the indiscriminate use of all medicines, and to discountenance quackery, but we will not bear the blame of the unskilful use or adminis-

tration of means, out of time, out of place, and in the hands of empirics. The misuse and the abuse of medicine have engendered a suspicion that often falls upon the honest and discreet practitioner when he in the least does not deserve it.

Typhoid fever, too, is getting to be regarded, by many, as a self-limited disease, with its periods of incubation, full formation, decrease and termination. With these views, it is left pretty nearly to itself, to run its course to its termination in recovery or death, with very little medication. Homœopathy has taught us that many cases will run their course and recover, without *any* treatment, and, also, that a *great many cases* will die without any treatment, by the "special providence of God." But what observing practitioner does not know, self-limited disease though it be, that very often typhoid fever, in its incipient stages, may be entirely broken up and driven from the system by the revulsive, alterative and depurative action of a thorough emetic-cathartic? Who does not know that the introduction of tonics, at the proper time, will cut it short, and greatly accelerate the cure? Who does not know that many of the conditions and unkind features of the disease are promptly relieved by medical means? Coma, subsultus tendinum, tympanites, haemorrhage from the nose and bowels, inflammation of the mucous surfaces, ulcerations, &c., how promptly relieved by proper remedies!

Do not deem me irreverent, gentlemen, when I say, it would be far better for such theorists as Dr. Cotting to use a little less of the "Plans of Creation," of the "foreordination" and "special providence of God," and a little more of sound medical common sense, in attacking disease boldly with abundant and well-applied remedies. The doctrine inculcated by Dr. Cotting is plainly this, that neither time, place, circumstances, nor hardly any condition of things, will prevent diseases from occurring. How is it with venereal disease? Is *that* usually contracted by the foreordination and the special interposition of Providence? I should rather suppose that the devil exercised an agency here, before any higher power. It may be contracted by accident, or heedlessness, and probably most often is, but cannot the cause be totally avoided? A life of virtue never begets gonorrhœa or syphilis; hence, if we follow in virtue's paths, and in the ways of wisdom, these diseases will not trouble us. But, the disease once contracted, what then? Why, we *cure it* by a specific. We do not stop—calling it a self-limited disease, fold our hands and let it alone. Such a course would be peril and death. We use the means that wisdom has provided, with speedy relief and cure.

There is a certain class of diseases that are generated by certain specific causes, acting directly upon the blood and nervous system. If these causes are avoided, as they often can be, the disease is not contracted. It is, then, the agency of the individual, not of Providence, that operates in the production of the disease. Such a disease is intermittent fever. Avoid malarious districts, and fever

andague will never be contracted. But, once contracted, how is the disease cured? By waiting for its self-limitation? By trusting to the expectant method? By medicating with remedies that are uncertain, and hoping that the providence of God will effect the cure? By no means: in this case we have a specific, in spite of the doctrine now too often advanced that there are no specifics. Give the patient an emeticocathartic, and on the day following the paroxysm commence treatment boldly with sulphate of quinine in doses of from five to ten grains, repeated every eight hours, and not one case in a hundred will fail of being cured in a single week. We all know that quinine is as much a specific in intermittent fever as sulphur is in scabies.

Chorea, too, is a disease frightful and repugnant in every aspect, and one once considered so difficult of cure. How soon it yields to the proper and almost specific remedy! Very obscure is this disease in its pathology, and so much so, that I would not dispute with Dr. Cotting whether or not it came directly by the special providence of God, yet in its cure, so far as my own experience goes, it is quite as tractable as intermittent fever. Of all diseases we are acquainted with, if let alone, it is the least creditable for self-limitation, and if not treated with the proper remedies will run on for an indefinite period of time. Now arsenic, in the form of Fowler's solution, so far as my observation goes, will cure chorea in about two weeks, in nine cases out of ten. How utterly recreant should we be to the great responsibilities of our calling to stand idly by, trusting to self-limitation, the healing powers of nature, or even to the "providence of God," in such a disease as this, if by well-chosen remedies, properly administered, we can spear disease to the wall, and give back the precious boon of health to our patients!

I will bring to your notice one single disease more. Chlorosis is a disease, the pathology, symptoms and general history of which we are well acquainted with. A patient presents herself for our examination and advice. How plain the picture of the havoc of disease! Pale, even to the whiteness of the lily—emaciated, and so bloodless that some parts of the body are almost transparent. The pulse so soft and small, it would seem that the channels of the circulation were almost dry. Timid and trembling, from lack of vital force and nervous energy. We recognize the character of the disease at a glance. We know that by some unnatural drain upon the system, a want of blood-pabulum is the immediate cause. We *correct* the first cause, and *supply* the second. We strengthen the digestive system, and give it a proper supply of nutritious food, adding as a remedy what the blood most needs—iron, in the administration of some well-chosen chalybeate. How very soon we mark the change! The dull eye assumes its usual brightness. The pale cheeks bloom again with the roses of health. The blue, sluggish veins run with crimson currents, and the emaciated frame gathers fatness. A new vitality

pervades the whole system, and health is restored to her rightful throne. Would the expectant treatment accomplish all this?

But, gentlemen, I am wearying your patience. The subject demands only a brief notice. I have given it in a spirit of kindness, entertaining, as I do, for the author of the paper alluded to, feelings of respect as a gentleman of the highest culture.

Let me say in conclusion, gentlemen, do not forsake the *wisdom of the past* for the uncertain theories and delusions of to-day, especially when they are taught us in high places, by those among ourselves. Let us rebuke error, wherever and whenever she steps within our path. No great, nor even small truth, can ever die. The iron heel of inflated delusion may trample truth into the dust, but can never destroy her. Her existence is eternal. The long-established *truths of our profession* are what we must deal with, in our daily labors among the sick. Nothing that will not stand the test of the soundest philosophy should ever be allowed to sway our judgments, or turn us from the faith of our profession. Theories are not truths. Let us receive no new truth until it is well established, and look upon theory as the twin-sister of error. And we will *purge out* the dross, that the great truths of our profession may glitter like gold.

Bibliographical Notices.

The Student's Book of Cutaneous Medicine and Diseases of the Skin.
By ERASmus WILSON, F.R.S. New York: William Wood & Co.
Pp. 445.

MR. WILSON has so recently published a revised edition of his well-known work on skin diseases, that we read with great curiosity the announcement in the English journals of an entirely new work by him on the same subject, and in the preface of the present volume we find the explanation of its appearance. Strange to say, in spite of the frequent editions of his own book and the numerous treatises which have been published in Great Britain within a year or two, he became aware of "a want in medical literature" and of the necessity of a work "founded on British Cutaneous Medicine, that is, upon cutaneous diseases such as they occur in this country, and exist amongst us at the present day, and treated upon principles which long experience has shown to be the best suited to the instincts and peculiarities of the British mode of thought, and of the British medical constitution." To those of our readers who have been in the habit of regarding cutaneous diseases as cosmopolitan in their nature and unaffected by the British constitution, and who are not familiar with the character of some of the works recently issued in that country, we would say that several young Englishmen, contrary to their national "instincts," having studied these affections under the teaching of Hebra in Germany and Hardy in France, proceeded to publish the results of their observations on their return, which were received with favor. The new methods of treatment which they brought back with them were

also used with success upon British skins, and hence the necessity for and publication of the book before us. None the less strange, also, will the closing paragraph of the preface appear to those who remember the recent attempt of the author, himself a specialist, to establish under somewhat disreputable circumstances a special hospital in London for the treatment of skin diseases. "Our aim has been to simplify, to endeavor to restore to general medicine, a department of much interest and importance, and, by furnishing the student with a clear view of these diseases, to remove them from the narrow sphere of specialism to the wider and nobler field of catholic medicine."

We have so lately reviewed at length the former and larger treatise of Mr. Wilson that there remains for us to notice in the present volume only those points in which it differs from that, and these are chiefly a new system of classification of his own and several methods of treatment borrowed from sources outside of Great Britain. Renouncing the old and artificial system of Plenck and Willan, which he extols at first as a whole only to expose its absurdities later and in detail, and declaring all natural, anatomical and pathological systems as impracticable and unsatisfactory, he adopts a mixed classification, based upon them all, as follows:—

CLINICAL CLASSIFICATION.

1. Eczematous affections	13. Syphilitic affections
2. Erythematous affections	14. Carcinomatous affections
3. Bullous affections	15. Leprous affections
4. Furuncular affections	16. Affections of the hair and hair-follicles
5. Nervous affections	17. Affections of the sebiparous apparatus
6. Vascular affections	18. Affections of the chromatogenous apparatus
7. Hämodyserasic affections	19. Affections of the sudoriparous apparatus
8. Developmental and nutritive affections	20. Affections of the nails
9. Hypertrophic and Atrophic affections	21. Traumatic affections
10. Zymotic affections	22. Phytodermic affections
11. Alphous affections	
12. Strumous affections	

Under the head of Eczematous Affections, we find Eczema, Psoriasis,* Pityriasis, Lichen, Impetigo, Scabies and Gutta rosacea. All of these, with the exception of Scabies, which is also in great part an Eczema caused indirectly by the presence of the sarcoptes, are merely forms or stages of the first affection, as the author is gradually and reluctantly coming to confess. This group is placed first in order, and inasmuch as Eczema is the *commonest* disease of the skin, and is "not limited to a part, but is general in its invasion and capable of attacking every region of the cutaneous surface, we may follow up eczema with three other groups, possessing a similar generality of character, and, like the eczematous group, each represented by a substantive disease." Thus Erythema, Pemphigus and Furunculus are considered as type affections round which the next three groups are arranged. In the 5th and 6th groups, the Nervous and Vascular, we find a new basis adopted, namely, one founded upon the anatomy or locality of the parts affected. In the former family, however, we find Prurigo, a disease which is no more properly placed there than any of

* By Psoriasis is not meant Psoriasis, but Eczema.

the first group would be, inasmuch as it is an exudative process like them, and, as the author himself states, "involves an alteration of the structure of the skin." The itching which accompanies it, too, is no more characteristic of a nervous affection than the same symptom in Eczema or Scabies. From anatomy we now pass to pathology for the establishment of the Hæmodyscrasic class of affections, but branch off again into Developmental and Nutritive affections and diseases resulting from Hypertrophy and Atrophy. Under the former, however, we find only several forms of Ichthyosis, whereas, according to the pathological views of the author, nearly every disease hitherto mentioned, and those to follow, are dependent upon disorders of nutrition. Why Ichthyosis or Xeroderma, as the author chooses to call some of its forms, are more properly arranged under this head than any of those, the author does not make apparent. The 10th group comprises the exanthematous diseases. We now come to an affection which is made the type and the only member of a new order in this heterogeneous classification, namely, Psoriasis. The author having in his former works called it at one time by the name of another affection, Lepra, which is Leprosy or Elephantiasis, and having applied this, its true name, to a form of Eczema, in spite of his promise in the preface to his last edition to call these diseases by their correct names in future, adds still more confusion to the complicated nomenclature of skin diseases by employing an obsolete and undefined name of past centuries and calling it Alphos. Pathologically it should be placed near the exudative processes of his first division, for it is no more a specific or "diathetic" affection than any of those already named.

The next, or strumous family, is also founded upon an imaginary condition of the body, and includes Lupus, with which it has no more established connection than with the next group, the Syphilitic, to which he has hitherto directly referred it. Making two constitutional divisions, as they may be called, of the Cancerous and Leprous affections, he again falls back upon the anatomical or regional basis, upon which he establishes the five succeeding families. In the last, or Phyto-dermic group, we behold the reverse of the modern theory of progressive development, or the application on a microscopic scale to modern dermatology of the old fable of *Daphne metamorphosed*. We are told that an arrest of development is the cause of the constant modification of destiny in the epidermal cells, and that they are "no longer able to rise through those higher stages of animalization which culminate in the production of horn, but doomed in their crude condition to the lowest function which belongs to immature organic matter, namely, proliferation;" and, farther, that these parasitic diseases "are founded on a peculiar metamorphosis of the elements of the epidermic cells, by which the nascent cell is converted into a structure closely resembling a vegetable organism, and possessing the attributes of the mucedines."

This, then, is the new plan of classification designed to supply a want in clinical instruction. It is not thought necessary, we believe, in other departments of medicine to provide distinct systems of nosology for the student and the physician, nor if it were do we see how the study of skin diseases is rendered more easy for the former by such a mixed and unsystematic system as this proposed by Mr. Wilson. Cutaneous affections are in no way an exception to the general

laws of pathology, and should be studied and arranged with reference to these alone. As we stated above, it has not been our intention to review the subject-matter of the book, which does not differ materially, except in brevity, from the larger work by the same author. We cannot recommend a work as particularly adapted to the wants of the beginner which separately describes thirty-five varieties of the first affection it treats of, and which employs such a complicated system of nomenclature as is contained in the following paragraph, which is a fair specimen of a great portion of it:—"Xeroderma saurioides, or ichthyosis spuria, is a xeroderma, in which, besides the ordinary symptoms appertaining to that disease, there is also an accumulation of sebaceous substance on the surface of the skin, the sebaceous substance undergoing inspissation by desiccation, and one while assuming the form of scales, *sauriderma squamosum*; and another while of spines, *sauriderma spinosum*." What, moreover, can be said of a teacher of youth who so obstinately opposes his individual views to the unanimous verdict of the scientific world as in the matter of the parasitic nature of favus, &c., and who passes by unmentioned the modern theories in relation to syphilis?

In point of treatment we find, as before, arsenic recommended as an almost infallible cure in nearly every affection, and yet local treatment is much more insisted upon than in his former works, and is often advised as being indispensable in cases where the arsenic is previously spoken of as a specific. Juniper-tar soap will be found to be recommended on nearly every page in the book.

With the exception of the paper, the publishers have done their work in a correct and creditable manner.

Researches on the Medical Properties and Applications of Nitrous Oxide, Protoxide of Nitrogen, or Laughing Gas. By GEO. J. ZIEGLER, M.D., Physician to the Philadelphia Hospital, &c. Revised and republished from the Medical and Surgical Reporter. Philadelphia: J. B. Lippincott & Co. 1865. Pp. 66.

NITROUS oxide has come so largely into use of late as an anæsthetic in dentistry and minor surgery, that the profession has long been desirous of some definite and reliable information in relation to its supposed physiological and therapeutical properties. We were not prepared, however, for such transcendent powers as the author of the little volume before us attributes to it, for in it he has discovered the much-desired elixir of life. We fear that we should fail to do justice to his views if we attempted any critical analysis of them, and prefer, therefore, to give a few extracts illustrative of the wonderful properties of this substance as he describes them:—

"Protoxide of nitrogen is remarkably active and potent in promoting the various functions of digestion, absorption, circulation—both general and capillary—særation or arterialization, hematosis, calorification, assimilation, disintegration, depuration, secretion, excretion, muscular and general contractility, innervation, and intellection; and likewise, those of the reproductive system. * * *

"It is indeed *sui generis*, as in consequence of its peculiar chemical constitution and properties, its specialty and potency of physiological action, its extensive range and variety of sanative application—hygi-

enic, therapeutic, revivifying, antidotal, and anæsthetic—it differs greatly from, and is superior to the best and most powerful of known remedies. * * * * *

" In view, therefore, of its peculiar and valuable sanative properties, nitrous oxide promises to be a very efficient general substitute for some of the most potent and expensive remedial agents known, such as, for instance, alcohol, ammonia, quassia, strychnia, mercury, and others, variously classified as diffusible and permanent stimulants, tonics, antiperiodics, antispasmodics, alteratives, secerments, &c. * *

" Thus, in comprehensive terms, nitrous oxide is a direct, potent, and permanent chemico-organic, arterial, nervous, cerebral, and general stimulant, secerment, depurant, aphrodisiac, and antitoxic, having a special tendency to the blood, brain, nervous system, and genito-urinary organs. It exerts a powerful invigorating influence over the entire economy, and is a superior nutrient, hæmatic, neurotic, tonic, disintegrant, diuretic, disinfectant, alterative, resolvent, sorbefacient, antidote, antiseptic, &c. &c. * * * *

" It is therefore especially indicated in indigestion and inefficient absorption, as also in general inactivity of the chylopoietic functions; in imperfect aeration or arterialization of the blood and deficient hæmatosis; in mal-assimilation and disintegration; in insufficient secretion and depuration; and, in irregular or defective motility, contractility, innervation, and cerebration. Hence in the various forms of asthenic dyspepsia and other morbid states dependent upon or associated with torpidity of the chylopoietic viscera; anæration, anæmatosis, and mal-nutrition generally, both primary and secondary; in depraved and defective secretion and depuration; in enervation, neuralgia, chorea, paralysis, melancholy, amentia, and adynamic states generally, the nitrous oxide will, doubtless, always prove more or less useful as a curative agent. * * * *

" It will thus be seen that protoxide of nitrogen has a very wide range of therapeutical application in that class of maladies connected with the undue or irregular production of such substances indicated, especially when of an amyloid, glucoid, ceroid, adipoid, albuminoid, or pigmentary character. * * * *

" It is applicable to the preventive and curative treatment of quite a number of urinary affections—such, for instance, as anuria, anazoturia, chyluria, oxaluria, and other varieties of lithuria, dysuria, hydruria, hæmaturia, enuresis, cystorrhœa, paralysis of the bladder, and others of a similar character. * * * *

" It is particularly indicated in the various ataxic and adynamic fevers, such as the typhus, typhoid or enteric, congestive, yellow, remittent, intermittent, and all others of a similar type. Nitrous oxide is, moreover, of general application and quite efficient in scarlet fever, measles, diphtheria, variola, constitutional syphilis, erysipelas, gangrene, and kindred maladies. It may likewise prove more or less useful in sunstroke, pyæmia, purulent infection, puerperal fever, and necremic and toxicæmic affections generally, those from septic poisons and the virus of venomous and rabid animals inclusive. * * *

" From this cursory sketch it will be apparent that protoxide of nitrogen has a very extensive range of medicinal application, and, *ceteris paribus*, is well adapted to the curative treatment of all depressed, morbid, and toxic states in which a chemico-organic, arterial, nervous,

cerebral, and general stimulant, nutrient, alterative, resolvent, absorbent, secerent, antiseptic, antitoxic, and revivifying influence is required."

But we have by no means exhausted the catalogue of its miraculous powers, for it is also applicable in elephantiasis and cancer, dissolves urinary and bilious calculi, and throws Bantingism into the shade. In support of all these theories we find not a single fact given by the author, nor the history of any case in which it has been employed or of an experiment performed to test its physiological action. The tendency of such a book can only be to throw ridicule upon the whole subject, and to prevent competent observers from making such philosophical investigations as will place it in its proper position as a remedial agent.

The elegant appearance of the book proclaims at once the house which publishes it.

The Use of the Laryngoscope in Diseases of the Throat. With an Appendix on Rhinoscopy. By MORELL MACKENZIE, M.D. Lond., Physician to the Dispensary for Diseases of the Throat. Philadelphia: Lindsay & Blakiston. 1865. Pp. 160.

The profession is much indebted to the publishers for an American edition of this book in so handsome a form. It is the best monograph which has appeared in our language on an art which has not yet received the attention it deserves in this country, and which promises to remove diseases of the throat from the state of ignorance and empiricism in which they have so long remained. It contains a history of the invention and introduction of the laryngoscope, with full descriptions of the various instruments and apparatus connected with them now in use and the method of employing them. Although the author does not offer this as a treatise on these diseases, many cases in his practice are quoted to illustrate the effect of the instruments and agents he employs in laryngoscopy. Such a work, however, is announced as shortly to appear by the same author. A descriptive chapter on Rhinoscopy is added to the volume, and it is illustrated with well-executed figures and beautifully printed.

Lectures on the Diseases of the Stomach, with an Introduction on its Anatomy and Physiology. By WILLIAM BRINTON, M.D., F.R.S., Physician to St. Thomas's Hospital. From the Second English Edition. Philadelphia: Lea & Blanchard. 1865. Pp. 302.

This book has been so long known to the medical profession as the most complete work in our language on the diagnosis and treatment of these puzzling and important diseases, that it needs no commendation from us. In preparing this second edition, the author has incorporated the results of his own extensive experience within the last six years, as well as the most recent views bearing upon the physiology and pathology of the process of digestion, and has added two new chapters. The practitioner will find it one of the most useful books in his library, and it is published in a very neat and convenient form.

The Physician's Handbook of Practice for 1866. By WILLIAM ELMER, M.D. New York: W. A. Townsend, Publisher. 1866.

This convenient pocket-book makes its ninth annual appearance in the same form as last year. We can recommend it, as we always have done, as in many respects the best adapted to the daily wants of the visiting physician.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, NOVEMBER 2, 1865.

MASSACHUSETTS DENTAL SOCIETY—FIRST ANNUAL ADDRESS, BY DR. N. C. KEEP.—Of late years, unless we are greatly mistaken in our opinion, the department of dentistry, while it has been occupied by very zealous and active practitioners, has been gradually separating by a steadily increasing interval from the other branches of the medical profession, until at the present time it is hardly recognized as legitimately belonging to it at all. The community at large fail to appreciate the full scope and importance of its relations in this respect, and very many people have come to regard it as but little above a merely mechanical art—that of tooth-drawing, tooth-filling, or the insertion of artificial teeth. In accordance with this tone of public opinion, we find that by degrees many persons have taken up the practice of dentistry for a living who by their qualifications of education or ability are in reality to be considered as little better than a class of skilled or unskilled mechanics. This class has grown to such an extent that we are inclined to believe they constitute the majority of those who style themselves dentists. We cannot but look upon this state of things as a great evil. The comfort and welfare of the community are too dependent on the services of this most useful branch of our profession, for this decline in their professional standing to be regarded in any other light than that of a public misfortune. It opens the door for unbounded quackery and mischief, against which the public has not the slightest means of self-protection or redress. For when an ignorant pretender appends to his name the title of dentist, what guarantee is there that he will not do quite as much harm as good to those who are so unfortunate as to trust him? Or how can the patient form a just opinion of the treatment to which he is subjected, whether it be good or bad?

It is with these impressions on our mind that we hail with great satisfaction the effort now making in our State to elevate the professional standard of practitioners in dentistry, to bring them up to the place where they properly belong, that of specialists, it is true, but still within the domain of legitimate medicine. It is an important question, how much of the full preparatory course of a general medical education is necessary for the practitioner in dentistry. In former days, the number of those thus fitted was much larger than at present. While fully appreciating the value of such a preparation, and fully believing that no man can know too much at any time of the subjects allied to his calling, yet we can well understand how a course of medi-

cal education somewhat less full than that required for the general practitioner in medicine may be sufficient for the needs of those who limit their practice to this single branch. In the present state of public opinion, also, we believe it would be impossible to induce this class as a body to qualify themselves in this way before commencing practice. It should not be forgotten, either, that there are extensive departments of this specialty, such as the elaborate processes of making and fitting artificial teeth, which are not taught in the curriculum of any of our medical colleges. There is a necessity then for some provision not heretofore existing, by which the standard of professional honor and skill among dentists shall be raised. How is this to be accomplished?

The first step which has been taken in our State is the organization of a State Dental Society, and the first annual address before this Society, by Dr. N. C. Keep, is now before us. We have read it with great interest and profit. It sets forth in simple and forcible language the great importance of the objects of which we have been speaking, and is full of the highest feeling of professional self-respect and professional honor. If its numerous wise and humane suggestions are adopted as the guiding principles of this association, the public cannot fail to be placed under the most lasting obligations to it.

Dr. Keep is highly conservative in the tone with which he speaks of the practice of his art. He greatly deprecates the wholesale way in which, under the veiling cloud of anesthesia, vast numbers of the community have been deprived of their natural organs of mastication to be replaced by the poor substitutes, however skilfully made, which human ingenuity can supply. He speaks with great emphasis of the importance of making his profession a liberal one; so that its members may rise above the petty jealousy of tradesmen, and communicate freely to each other any improvements or discoveries which they may happen to make. He dwells upon the great value of a preparatory education in general science, such as the Institute of Technology offers, and avows his strong predilection, in addition, for a united dental and medical education. In these views he certainly has our hearty concurrence, although, as we before remarked, we greatly fear the number of those willing thus to prepare themselves will be comparatively small. In this connection he makes a suggestion, which strikes us most favorably, that it would be well for our public hospitals if they had a dentist attached to each of them. As all officers of hospitals know, the occasions are not infrequent, particularly in the surgical department, where the knowledge and manual dexterity of a skilful dentist would be of inestimable value. And so the worthy President of the Dental Association goes on in a strain of practical wisdom and earnest professional interest, stimulating his audience to renewed efforts to bring up their practice to a higher level, worthy of a truly liberal profession.

In conclusion, we are glad to be able to state that the Dental Association, in accordance with the feeling which animated the President's address, has organized a system of regular meetings for the discussion of professional subjects, the reading of papers, &c., and that it is proposed to establish a museum of pathological specimens. This is a good beginning, and the end can hardly be otherwise than beneficial to the whole community.

THE address of Dr. Rice, which we publish this week, is, as our readers will see, a most emphatic expression of dissent from the views held by Dr. Cotting, as given in his annual address to the Massachusetts Medical Society. While it contains many undeniable truths, we cannot but regard it as an exaggerated statement of Dr. Cotting's opinions, and as far from impregnable in some of the positions which it assumes, at the same time that it is wanting in the courtesy of manner which need not be forgotten even in a controversial article. But we have already expressed our views upon the subject, and must leave it to others to continue the discussion.

MEDICAL PRIZE. EXPECTANT MEDICINE.—One hundred dollars have been placed in the Treasury of the Massachusetts Medical Society, to be offered by the Councillors as a prize for the best dissertation on the following subject, the award to be made by a committee consisting of the President of the Society and four Fellows nominated by him:—

“Expectant Medicine—the extent to which it is practised at the present day, and the modes in which it is disguised or counterfeited.”

Essays must be forwarded to the Chairman of the Committee on or before October 1st, 1866, each with a sealed envelope containing the name of its author, in the usual way.

Boston, October, 1866.

*Aueurus A. Gould,
Chairman of Committee.*

In accordance with the above announcement, the following committee has been appointed, namely: Dr. Henry J. Bigelow, Dr. Samuel L. Abbot, Dr. Calvin Ellis and Dr. David W. Cheever.

It will be seen that the terms of the subject cover all cases of honest delusion or wilful fraud in the treatment of disease, in all the forms of excessive medication or the infinitesimal dilutions of homœopathy. As the prize is open to all competitors, we hope that our distant professional brethren may be induced to compete for it.

VERMONT MEDICAL SOCIETY.—This Society held its annual meeting at the State House, Montpelier, Wednesday and Thursday, Oct. 18th and 19th. The President, Dr. O. F. Fassett, in the chair.

The first day of the meeting was devoted to the reading of papers and medical discussion, and the receiving of reports from the American Medical Association, and the delegates to the several State Medical Societies. Dr. L. C. Butler read a paper on “The Epidemics of Chittenden County,” Dr. H. F. Stevens a “Biographical Sketch of the Life and Character of the late Dr. N. W. Fairchild, of Milton,” Dr. Lemuel Richmond a paper on “Ascites,” and Dr. Wm. McColom one on “Criminal Abortion.”

The recent death of Dr. L. E. Simons, of Saxton’s River, was announced and appropriate resolutions adopted. Dr. Holton, of Putney, was requested to prepare a biographical sketch of his life and character. After an animated discussion of the pathology and treatment of jaundice by Drs. Russ, Holton, Sperry, Chandler and others, the Society adjourned.

The annual address was delivered by the President, on Wednesday evening, in the Representatives’ Hall.

The early part of the morning session of the second day was occupied in the transaction of business and election of officers, after which Dr. Benj. Fairchild read a paper on "Coxalgia," and Dr. Ketchum one on "Cerebro-spinal Meningitis," which communications elicited interesting discussion. A committee was appointed for each county in the State, to prepare papers upon epidemics and prevailing diseases in their respective counties, and present them at the next meeting of the Society, or the next annual meeting.

The following officers of the Society were elected for the year ensuing:—*President*—Wm. McCollom, M.D., Woodstock. *Vice President*—Lemuel Richmond, M.D., Derby. *Recording Secretary*—L. C. Butler, M.D., Essex. *Corresponding Secretary*—C. B. Chandler, M.D., Montpelier. *Librarian and Treasurer*—Charles Clarke, M.D., Montpelier. Delegates were appointed to Burlington Medical College, the several State Societies, and the American Medical Association.

The afternoon of the second day was occupied with the reports of cases of interest and the discussion of medical topics.

The Society adjourned to meet at Brattleboro' on the second Wednesday in June.

We see by the newspapers that an epizoötia is destroying the horses used on the Erie canal, in New York. This is one of the warnings of the approach of cholera.

BOSTON DISPENSARY—STATISTICS FOR THE YEAR ENDING OCT. 1ST, 1865.

NEW PATIENTS.

<i>Central Office.</i>		<i>Districts.</i>	
<i>Medical</i> —Men, - - -	1,379	Men, - - -	1,091
Women, - - -	4,899	Women, - - -	2,649
Children, - - -	4,555	Children, - - -	2,913
<i>Total</i> , - - -	10,833	<i>Total</i> , - - -	6,653
<i>Surgical</i> —Men, - - -	976	<i>Central Office and Districts.</i>	
Women, - - -	1,462	Men, - - -	3,456
Children, - - -	1,919	Women, - - -	9,010
<i>Total</i> , - - -	4,357	Children, - - -	9,387
<i>Medical and Surgical</i> — <i>Total</i> , 15,190		<i>Total</i> , - - -	21,853

OLD AND NEW PATIENTS.

<i>Central Office</i> — <i>Medical</i> , - - -	22,005
“ “ <i>Surgical</i> , - - -	5,251
<i>Total</i> , - - -	27,256
<i>Average daily attendance</i> , - - -	884
<i>Districts</i> — <i>Births</i> , - - -	85
“ <i>Deaths</i> , - - -	188

NEW PATIENTS.

<i>District.</i>	<i>Physician.</i>	<i>District.</i>	<i>Physician.</i>
1. E. W. Aiken,	1,199	6. John Hart,	597
2. Vacant,	000	7. Thomas H. Hoskins,	790
3. A. I. Fenn,	1,265	8. D. D. Gilbert,	392
4. W. B. Mackie,	1,180	<i>Total</i> , - - -	5,653
5. Charles K. Wheeler,	1,230		
<i>Total number of prescriptions</i> , - - -			47,104

Central Office—Attending Physicians and Surgeons.

Physicians.

J. B. Upham.
S. L. Sprague.
H. K. Oliver, Jr.
S. H. Carney.
Hall Curtis.

Surgeons.

Algernon Coolidge.
D. W. Cheever.
John Green.
F. H. Brown.

Apothecary—A. K. Carruthers.

Consulting Physicians—Jacob Bigelow, P. M. Crane.

" Surgeons—S. D. Townsend, J. Mason Warren.

HOWARD F. DAMON, M.D., Superintendent.

QUACK MEDICINES.—Upwards of £55,333 has been paid during the last year for the government duty on quack medicines in England.—*Medical and Surgical Reporter.*

PREVIOUS to the discovery of vaccination, and when the population of Great Britain was only ten millions, the number of deaths annually from smallpox was 30,000. Now, with a population of thirty millions, the number of deaths is less than 10,000.—A statue has been erected at Boulogne to the memory of the immortal Jenner. It is ten feet high, and stands on a marble pedestal twelve feet high.—*Canada Med. Journal.*

THE Washington Park Military Hospital building, in Cincinnati, has been thoroughly refitted, and made a branch of the Commercial Hospital of that city. It is intended to be appropriated to the department of women and children.

The deaths by cholera in Paris, by the latest accounts, had reached two hundred daily.

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, OCTOBER 28th, 1865.
DEATHS.

	Males.	Females.	Total.
Deaths during the week	37	36	73
Ave. mortality of corresponding weeks for ten years, 1853—1863	37.5	36.8	74.3
Average corrected to increased population	00	00	81.02
Death of persons above 90	0	0	0

COMMUNICATIONS RECEIVED.—Accidental Phymosis, with Hydrocele.—Catarrh of the Nasal Passages cured by leaving off taking Snuff.

PAMPHLETS RECEIVED.—A Report upon Sundry Documents relating to Asiatic Cholera, transmitted by the Governor of Rhode Island to the Board of Health of the City of Providence. By Edwin M. Snow, M.D., Superintendent of Health.—The Compendium of Tachygraphy: or Lindsley's Phonetic Shorthand, explaining and illustrating the common style of the Art. By D. P. Lindsley.—Fourteenth Annual Report of the Boston Provident Association.—Directory of the Boston Provident Association.

DEATHS IN BOSTON for the week ending Saturday noon, October 28th, 73. Males, 37—Females 36. Abscess, 1—Inflammation of the bowels, 1—disease of the brain, 3—cholera infantum, 2—consumption, 11—croup, 1—diarrhea, 4—diphtheria, 2—dropsy, 1—dropsy of the brain, 3—drowned, 1—dysentery, 7—erysipelas, 1—bilious remittent fever, 1—typhoid fever, 1—disease of the heart, 1—homicide, 1—infantil disease, 1—congestion of the lungs, 2—Inflammation of the lungs, 10—marasmus, 5—paralysis, 1—premature birth, 1—puerperal disease, 1—teething, 1—unknown, 3—varicella, 1—wounds, 1.

Under 5 years of age, 31—between 5 and 20 years, 4—between 20 and 40 years, 18—between 40 and 60 years, 12—above 60 years, 8. Born in the United States, 52—Ireland, 16—other places, 6.